

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*Bureau of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***  
**Report for**  
***West Central Behavioral Health***

Issued November 16, 2018

Quality Service Review Report  
for West Central Behavioral Health

NH Department of Health and Human Services  
Bureau of Quality Assurance and Improvement  
Health Services Assessment Unit

November 16, 2018

## ***Acknowledgements***

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The Department of Health and Human Services, Bureau of Quality Assurance and Improvement (BQAI) acknowledges the significant effort the West Central Behavioral Health staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BQAI also thanks the CMHC QSR review team, which included staff from BQAI and staff from the Division of Behavioral Health.

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## ***Acronyms***

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ACT	Assertive Community Treatment
ANSA	Adult Needs and Strengths Assessment
BMHS	Bureau of Mental Health Services
BQAI	Bureau of Quality Assurance and Improvement
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
WCBH	West Central Behavioral Health

## ***Executive Summary***

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The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at West Central Behavioral Health in full (WCBH) in Claremont and Lebanon, NH, from September 10 through September 14, 2018. The WCBH QSR sample included 21 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of September 1, 2017 through September 9, 2018. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

WCBH received a score of 75% or greater for 14 of the 18 quality indicators. The following four quality indicators were identified as areas in need of improvement:

Quality Indicator 1: Adequacy of assessment

Quality Indicator 8: Adequacy of employment assessment/screening

Quality Indicator 13: Adequacy of crisis assessment

Quality Indicator 17: Implementation of ACT services

WCBH is required to submit a Quality Improvement Plan to DHHS for each of the four quality indicators identified as needing improvement.

**Table 1: West Central Behavioral Health QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	21	67%	Yes	4
2. Appropriateness of treatment planning	21	92%	No	3
3. Adequacy of individual service delivery	21	75%	No	6
4. Adequacy of housing assessment	21	100%	No	1
5. Appropriateness of housing treatment planning	21	86%	No	1
6. Adequacy of individual housing service delivery	21	90%	No	3
7. Effectiveness of the housing supports provided	21	84%	No	5
8. Adequacy of employment assessment/screening	21	71%	Yes	2
9. Appropriateness of employment treatment planning	17*	76%	No	1
10. Adequacy of individualized employment service delivery	19*	95%	No	2
11. Adequacy of assessment of social and community integration needs	21	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	21	83%	No	13
13. Adequacy of crisis assessment	7*	61%	Yes	4
14. Appropriateness of crisis plans	21	90%	No	2
15. Comprehensive and effective crisis service delivery	5*	75%	No	5
16. Adequacy of ACT screening	21	100%	No	2
17. Implementation of ACT Services	11*	61%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	5*	89%	No	7

\* Individuals not applicable to the quality indicator were excluded from scoring.

## ***I. Background***

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration, and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).



## ***II. Purpose***

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a QSR process in consultation with representatives of the plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

### ***III. QSR Process Overview***

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. During the post-on-site period, follow-up tasks required of the CMHC are completed and BQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

### ***IV. QSR Methodology***

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

### **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA*, to ensure a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

### **Data Sources**

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that

instance as “no evidence.” CMHC staff is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than “no evidence.”

## **Scoring**

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a “YES.” The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual’s needs and preferences (performance measure 1a), identify an individual’s strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as “YES” (positive) or “NO” (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as “YES.” The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual's response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators, e.g., OCR Q1 "Is the frequency and intensity of services consistent with the individual's demonstrated need?" is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: QSR Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of "YES" measures (those that are positive) within a domain is calculated, and then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;  
Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;  
Employment Services and Supports: Quality Indicators 8, 9, and 10;  
Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;  
Crisis Services and Supports: Quality Indicators 13, 14, and 15;  
ACT Services: Quality Indicators 16, and 17; and  
Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

## **QSR Findings and Conclusions**

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data, and may inform particularly low scoring measures within a Quality Indicator or outlier data. Conclusions include an assessment of the CMHC's achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

## **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any Quality Indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY 18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the BQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS

monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and BQAI each quarter. BMHS and BQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

## ***V. West Central Behavioral Health QSR Findings***

### **West Central Behavioral Health QSR Overview**

The WCBH QSR was conducted at the WCBH offices in Claremont and Lebanon. Additional information about WCBH is found in Appendix 4: Agency Overview. Eighty-four WCBH individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories at random to be interviewed, as well as the *NO ACT/NO IPA* category due to WCBH having small numbers in the three other categories. Only 21 individual interviews were completed as one individual could not be reached during the week to be interviewed. Information gathered during the site review resulted in individuals being re-assigned to a different sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the four sample categories.

**Table 2: Number of Individuals by Category**

<b>CATEGORY</b>	<b>FULL SAMPLE</b>		<b>INDIVIDUALS INTERVIEWED</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
ACT/IPA	10	12%	5	24%
ACT/NO IPA	36	43%	6	28%
NO ACT/IPA	2	2%	0	0%
NO ACT/NO IPA	36	43%	10	48%
<b><i>Total</i></b>	<b><i>84</i></b>	<b><i>100%</i></b>	<b><i>21</i></b>	<b><i>100%</i></b>

The WCBH Quality Service Review included a review of 22 clinical records, 21 individual interviews, and 22 staff interviews. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	<b>Number In Person</b>	<b>Number By Phone</b>	<b><i>Total</i></b>
Individuals Interviewed	17	4	21
Staff Interviewed	22	0	22
Clinical Records Reviewed	22	NA	22

From September 10 through September 14, 2018, five teams consisting of staff from BQAI and DBH completed the DHHS office-based and on-site data collection processes. Data was collected for the review period of September 1, 2017 through September 9, 2018. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

The results from this fiscal year's QSR are not comparable to those in the prior year's report for Quality Indicators 1, 2, 3, 6, 7, 12, and 18. WCBH's QSR this year contains additional measures specific to Overall Client Review data for those quality indicators. Those additional measures are identified as OCR Q1 through OCR Q11(see Appendix 3: QSR Abbreviated Master Instrument). A table of fiscal year 2018 and 2019 results are reported in Appendix 5: Year-to-Year Comparison.

## **West Central Behavioral Health Scores**

### **ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY**

Quality Indicator 1 corresponds to CMHA section VII.D.1. WCBH was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

#### **Quality Indicator 1: Adequacy of Assessment**

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment



that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Twenty-one individuals were scored for Quality Indicator 1. WCBH received a score of 67%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
<b>Measure 1a:</b> Assessments identify individual's needs and preferences	10	11
<b>Measure 1b:</b> Assessments identify individual's strengths	10	11
<b>Measure 1c:</b> Assessment information was gathered through face to face appointment(s) with the individual	18	3
<b>Measure 1d (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	3

### **Additional Results**

- WCBH has been approved by the Bureau of Mental Health Services to use the DLA-20 in place of the Adult Needs and Strengths Assessment (ANSA) as long as the DLA-20 is accompanied by a comprehensive narrative to address the several mental health areas addressed in the ANSA but not adequately covered by the DLA-20 assessment. In reviewing DLA-20s within the clinical record, eleven of the 21 individuals scored did not contain narratives that were determined to be comprehensive in addressing the individual's mental health needs, the individual's preferences, and the individual's strengths (CRR Q7, CRR Q8).
- Staff indicated that at least part of the assessment process is done through face-to-face interactions with 18 of the 21 the individuals interviewed. (SII Q2).
- Overall, three individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3). One individual was observed to need more services to help with his/her medical needs and had treatment plan services prescribed that did not seem realistic given the apparent significance of medical needs. Another individual kept missing appointments despite both the individual and staff acknowledging the need for treatment. It was unclear from

the staff interview response what efforts were being made to overcome this, given the individual was not receiving the services needed nor according to the treatment plan. For the third individual, there was concern that due to his/her DLA not adequately explaining the individual's mental health needs, coupled with the individual's cognitive limitations, that he/she likely had unmet service needs.

## **Quality Indicator 2: Appropriateness of Treatment Planning**

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Twenty-one individuals were scored for Quality Indicator 2. WCBH received a score of 92%.

Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual's needs and goals	19	2
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	21	0
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	3

## **Additional Results**

- If the QSR determined the DLA-20 had identified mental/behavior health needs for an individual, the treatment plan and case management plan were then reviewed to see if the CMHC has established a goal or plan to address those identified need(s). Eighteen individuals were found to have at least one mental/behavioral health need identified. Of those 18 individuals, 11 were found to have at least 70% of those identified needs addressed through their case management plans and/or treatment plans. Seven individuals

had less than 70% of their identified mental health needs addressed in their plans (CRR Q9).

- The QSR also looks at the reverse, reviewing the goals in the ISP treatment plan and determining if there is a related identified need in the DLA-20 or other assessment. Eleven individuals were determined to have treatment goals that were not related to identified needs in the DLA-20 or other assessment (CRR Q10). Although WCBH does not have a QIP for Indicator 2, the information regarding the lack of relationship between the assessed needs and goals and/or plans for 11 of the 21 individuals may be helpful to the CMHC as they consider their strategy in addressing the comprehensiveness of the narratives provided in the DLA-20 regarding an individual's mental health needs, preferences, and strengths.
- From the review of individuals' quarterly reviews, nine individuals had quarterlies that identified a modification or change in treatment or services was needed. Those modifications were evidenced to have been made for six out of the nine individuals (CRR Q15).
- All individuals reviewed were found to have all their quarterly reviews completed and in the clinical record for quarters that fell within the period under review (CRR Q16).
- Twenty individuals responded they talked with WCBH staff regularly about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2).
- Twenty individuals responded staff actively work with them on their goals (CII Q5).
- Nineteen individuals indicated they were able to effectuate change to their treatment plans (CII Q8). Nineteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Four individuals responded there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included additional staff from WCBH as well as family members.
- Of the 21 clinical records reviewed, 20 individuals signed their most recent ISP/treatment plan (CRR Q12); 21 ISP/treatment plans included the individuals' strengths (CRR Q13); and 20 ISP/treatment plans were written in plain language (CRR Q14).
- All individuals interviewed indicated they were involved in their treatment planning and goal setting (CII Q6).

- Overall, three individuals reviewed were observed to have a need for additional services that had not already been identified in assessments or treatment plans (OCR Q3). One individual had unmet medical needs coupled with unrealistic treatment goals that were not being addressed. Another individual missed numerous appointments without known interventions to prevent it from occurring. For the third individual, it could not be ascertained if mental health needs were adequately identified due to the individual's limitations and assessments which were not comprehensive.

### Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals.

Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Twenty-one individuals were scored for Quality Indicator 3. WCBH received a score of 75%.

Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
<b>Measure 3a:</b> Services are delivered with the appropriate intensity, frequency, and duration	10	11
<b>Measure 3b:</b> Service delivery is flexible to meet individual's changing needs and goals	17	4
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	12	9
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual's demonstrated need	18	3
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	18	3
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	19	2

## **Additional Results**

- Of the 21 clinical records reviewed, three individuals were receiving 70% or more of their services at the frequency prescribed on the treatment plan (CRR Q11). Staff provided appropriate reasons for why some services were not provided at the frequency prescribed for 11 individuals (SII Q8). Additionally, eight individuals were reportedly declining some of their services (SII Q7, SII Q8). It was reported that one individual had only recently started receiving some of his/her services due to not having insurance in place initially (SII Q8). In many cases, however, staff seemed unsure as to why individuals were not receiving certain services or did not know why a service was on a treatment plan.
- Eighteen individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; and three individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q19). One individual responded that he/she needed case management services related to finding a payee and assistance with managing money (CII Q20).
- Staff acknowledged there were some services that four of the 21 individuals were not receiving at the frequency indicated in their treatment plan (SII Q6). Of those four, two individuals declined services (SII Q7).
- Overall, it was determined that three individuals reviewed were not receiving services at a frequency and intensity consistent with their demonstrated need (OCR Q1). For these individuals, they were not receiving services at the prescribed frequency on their treatment plan for necessary services, and there were incomplete explanations as to why. For one individual, staff responded that nursing services were not being delivered as prescribed due to staffing issues.
- Overall, three individuals reviewed were observed to have a need for additional services that had not already been identified in assessments or treatment plans (OCR Q3). One individual had unmet medical needs coupled with unrealistic treatment goals that were not being addressed. Another individual missed numerous appointments without known interventions to prevent it from occurring. For the third individual, it could not be

ascertained if mental health needs were adequately identified due to the individual's limitations and assessments which were not comprehensive.

- Overall, two individuals reviewed were observed to not be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5). One individual was not receiving needed services in the community to address medical issues and had frequent hospitalizations. For the second individual, there appeared to be some disconnect with collaboration and communication between agencies that could best meet his/her additional cognitive and home health needs.

## **HOUSING SERVICES AND SUPPORTS**

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act's anti-discriminatory provision as follows: "A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."<sup>2</sup>

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

### **Quality Indicator 4: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Twenty-one individuals were scored for Quality Indicator 4. WCBH received a score of 100%. Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
<b>Measure 4a:</b> Individual housing needs are adequately identified	21	0

### **Additional Results**

- Both the DLA-20 and case management assessments routinely assessed for housing needs of individuals. Collectively, all individuals were assessed for housing needs by one or both of these means. DLA-20s were found for all 21 individuals, 10 of which were considered comprehensive (CRR Q7). Case management assessments were found for 19 of the 21 individuals. Explanation by staff regarding missing case management assessments were that the individuals had declined case management services (CRR Q1).
- Thirteen individuals reviewed had identified housing needs (CRR Q21).
- Of note, it did not appear that the DLA-20 and case management assessments always identified housing needs in the same way. There were three individuals for which housing needs were identified in the DLA-20 but those individuals did not have housing assessed as a need in the case management assessment. On the contrary, there were four individuals who had housing needs identified in the case management assessment but DLA-20 scores for housing stability and maintenance for those individuals did not support a housing need (CRR Q22).

### **Quality Indicator 5: Appropriateness of Housing Treatment Planning**

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Twenty-one individuals were scored for Quality Indicator 5. WCBH received a score of 86%. Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet individual's housing needs and goals	18	3

### **Additional Results**

- Thirteen of 21 individuals had housing needs identified in either the DLA-20 or the case management assessment (CRR Q21). Of those 13 individuals, 10 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and 10 had housing goals in alignment with their assessed housing needs (CRR Q28).
- Many of the housing related goals and plans were more generic with verbiage regarding assess, link, monitor and refer as needed. A few were more specific to the individual such as referrals for home repairs, avoiding behaviors that jeopardize housing, and set up tours as requested (CRR Q25).

### **Quality Indicator 6: Adequacy of Individual Housing Service Delivery**

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

Twenty-one individuals were scored for Quality Indicator 6. WCBH received a score of 90%.

Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

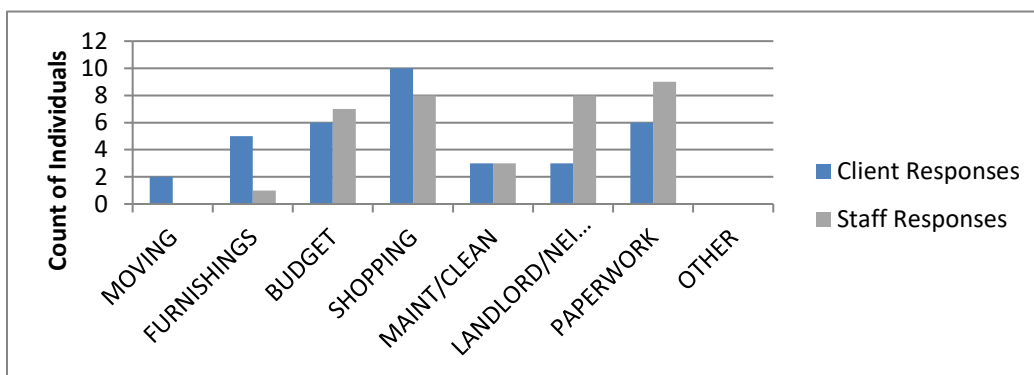
	YES	NO
<b>Measure 6a:</b> Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	19	2
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	17	4
<b>Measure 6c: (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	21	0



## **Additional Results**

- Twelve of the 13 individuals with housing goals were receiving housing related services. Of those 12, 11 were receiving housing services that were in alignment with their housing goals (CRR Q26, CRR Q28).
- Comments from individuals regarding what else is needed to reach their housing goals included needing more information on what housing supports are available as well as help obtaining subsidized housing (CII Q45).
- Overall, 21 individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were assistance with housing related paperwork and shopping (SII Q31, CII Q42) (see Figure 1).

**Figure 1: Most Common Housing Services and Supports Received**



### **Quality Indicator 7: Effectiveness of Housing Service Delivery**

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

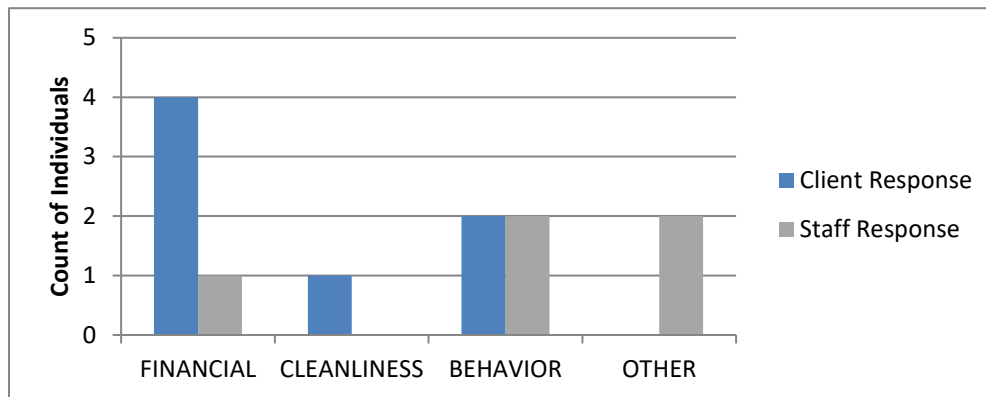
Twenty-one individuals were scored for Quality Indicator 7. WCBH received a score of 84%. Quality Indicator 7 consists of Measures 7a-7e. Of the 21 individuals interviewed, nine individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	18	3
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	17	4
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	16	5
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	7	5
<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	21	0

### **Additional Results**

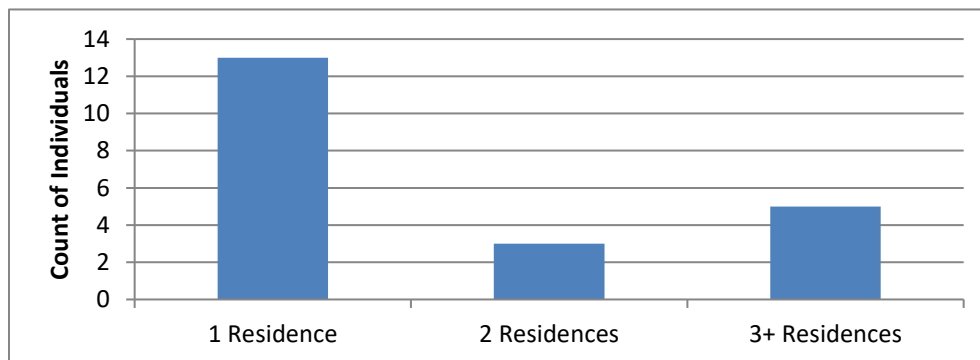
- Three individuals responded they had a safety concern related to his/her home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for six different individuals than the three who self-identified safety concerns (SII Q23). Two clients and two staff identified the safety concerns as being current (CII Q30, SII Q24). The most common reasons for the safety concerns were fear for personal/physical safety, not keeping a home clean enough for it to be considered safe, and living in an environment unsuitable for colder seasons without basic utilities, needing to use space heaters, and no showers.
- Nineteen individuals are living in independent private residences, one individual is living in a dependent private residence, and one individual is homeless (CII Q27, SII Q21).
- Four individuals responded they were homeless at some point in the past 12 months (CII Q33).
- A total of eight unduplicated individuals were at risk of losing housing in the past 12 months based on individual and staff responses (CII Q31, SII Q25). The most common reasons mentioned were related to not being able to afford their housing (CII Q32, SII Q26) (see Figure 2).

**Figure 2: Reasons for Being at Risk of Losing Housing in the Past 12 Months**



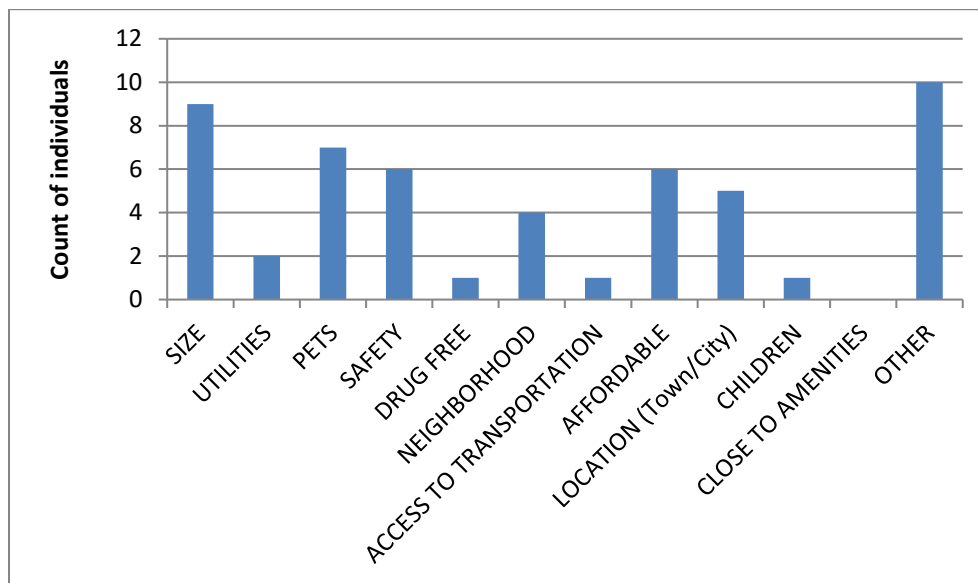
- Thirteen individuals had lived in the same residence for the past year or more (see Figure 3) (CII Q34).

**Figure 3: Places Lived in the Past Year**



- The most common responses made by individuals to the things most important to him/her when choosing a place to live were size, allowance of pets, safety, and affordability (CII Q40). Some of the more specific reasons given that were categorized as “other” were remaining in his/her child’s school district, prompt repair services, having space in the unit or complex for certain activities such as art or exercise, and living somewhere where it is quiet (see Figure 4).

**Figure 4: Most Desired Characteristics in a Living Situation**



- Overall, it was determined that all 21 individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9).
- Some individuals had additional information they chose to share regarding housing services. Following, are two comments that illustrate the spectrum of responses. One individual shared, “I was clear and communicative with my case manager about where I was living and things were a struggle to make ends meet, but I don’t feel like someone came to bat for me on the community side of things. I’m...aware of a lot of services but not all of them. I was clueless for myself and having someone help would have been helpful and alleviate some stuff”. Another individual shared, “They really pushed a lot. There was a woman who would look up things for me, look up apartments for me. Also [she] was very active in that part of my life when I was looking for an apartment” (CII Q46).

## **EMPLOYMENT SERVICES AND SUPPORTS**

Employment is a social determinant of health and increases health, wellbeing, and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

### **Quality Indicator 8: Adequacy of Employment Assessment/Screening**

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Twenty-one individuals were scored for Quality Indicator 8. WCBH received a score of 71%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 21 individuals interviewed, six individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals received supported employment services two or more times in a three-month period (CRR Q29). Individuals were scored as follows:

	YES	NO
<b>Measure 8a:</b> Individual employment needs are adequately identified	15	6
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	12	3

### **Additional Results**

- Four individuals responded they had not been asked by WCBH staff if they were interested in receiving help finding or keeping a job (CII Q52).
- There was evidence in the clinical record that 19 of 21 had been assessed/screened for employment needs (CRR Q30, CRR Q31).

- Of the 17 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), four did not have employment needs identified in either the ANSA or the case management assessment (CRR Q32).
- Fourteen of 15 individuals who received supported employment two or more times in a three-month period had a completed comprehensive employment assessment (vocational profile) (CRR Q37). Twelve individuals had his/her employment strengths included in the comprehensive employment assessments (CRR Q38).

### **Quality Indicator 9: Appropriateness of Employment Treatment Planning**

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Seventeen individuals were scored for Quality Indicator 9. WCBH received a score of 76%.

Quality Indicator 9 consists of Measure 9a. Of the 21 individuals interviewed, four individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per client (CII Q53). Individuals were scored as follows:

	YES	NO
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet individual's changing employment needs and goals	13	4

### **Additional Results**

- Seventeen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53); 16 staff were aware of this interest (SII Q43). Of the same 17 individuals, 16 had goals or plans regarding finding or keeping a job (CRR Q34, CRR Q35), as evidenced by their treatment plans and/or case management plans.
- Sixteen individuals had treatment plan and/or case management plan goals in alignment with assessed needs (CRR Q42).

### **Quality Indicator 10: Adequacy of Individualized Employment Service Delivery**

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Nineteen individuals were scored for Quality Indicator 10. WCBH received a score of 95%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 21 individuals interviewed, four individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services (CII Q53). Of the 21 individuals interviewed, three individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Individuals were scored as follows:

	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	15	2
<b>Measure 10b:</b> Services and supports are meeting individual's employment goals	18	0

### **Additional Results**

- Eight out of the 11 individuals receiving supported employment were not receiving services at the frequency prescribed on the treatment plan (CRR Q11).
- One individual responded he/she needed more employment related services from the mental health center (CII Q60). Two individuals responded they were not getting employment supports and services as often as they felt they needed (CII Q61).

Individuals are asked if they have enough support to achieve their employment goals. All but two felt that they did (CII Q62). One individual expressed wanting someone to go on an interview with him/her and help with transportation for the interview (CII Q62). Types of employment services provided included job search, role playing skills, managing stress, resume writing, assistance with applications, and discussion of disclosure (CRR Q40).

- Ten individuals responded they are employed (CII Q47); of those individuals, eight have a competitive job and two have a non-competitive job (CII Q48), three work full-time and seven work part-time (CII Q49), and nine individuals responded they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.
- Eighteen of 18 individuals had employment services and supports in alignment with their employment goals (CRR Q41).
- Staff were asked about challenges individuals face in finding and maintaining employment (SII Q47). Responses varied and included age, lack of transportation, lengthy/frequent hospitalizations, difficulty managing emotional or psychiatric symptoms, criminal history, and limited interpersonal skills.
- For 17 of the 18 individuals, the provided services identified by staff were in alignment with the individuals' treatment plan goals (SII Q52). For 16 out of 18 individuals, staff responded that these services were helping them progress towards their employment goals (SII Q53).
- Examples of successes and progress for individuals receiving supported employment or other employment related services range from greater awareness of interests and marketable skills, to greater success with submitting applications, to gaining more interviews, and finding enjoyable employment (SII Q53).
- When asked if they had anything else to share regarding employment services, many shared that in general the services were good. One individual specifically commended the supported employment staff as well as the vocational illness management recovery group that WCBH offers (CII Q64).
- WCBH offers supported employment services at both its Lebanon and Claremont offices. A Supported Employment Fidelity review was completed at WCBH on May 15<sup>th</sup> and 16<sup>th</sup>, 2018. WCBH scored an 80 out of a possible 125 points, which brings them into the "Fair Fidelity category range of a score between 74-99.

## **COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS**

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad



range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

### **Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs**

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Twenty-one individuals were scored for Quality Indicator 11. WCBH received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
<b>Measure 11a:</b> Assessment identifies individual's related social and community integration needs and preferences	21	0
<b>Measure 11b:</b> Assessment identifies individual's related social and community integration strengths	21	0

### **Additional Results**

- All individuals had the DLA-20 completed, which included several domains related to social and community integration needs and strengths (CRR Q45).

### **Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports**

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

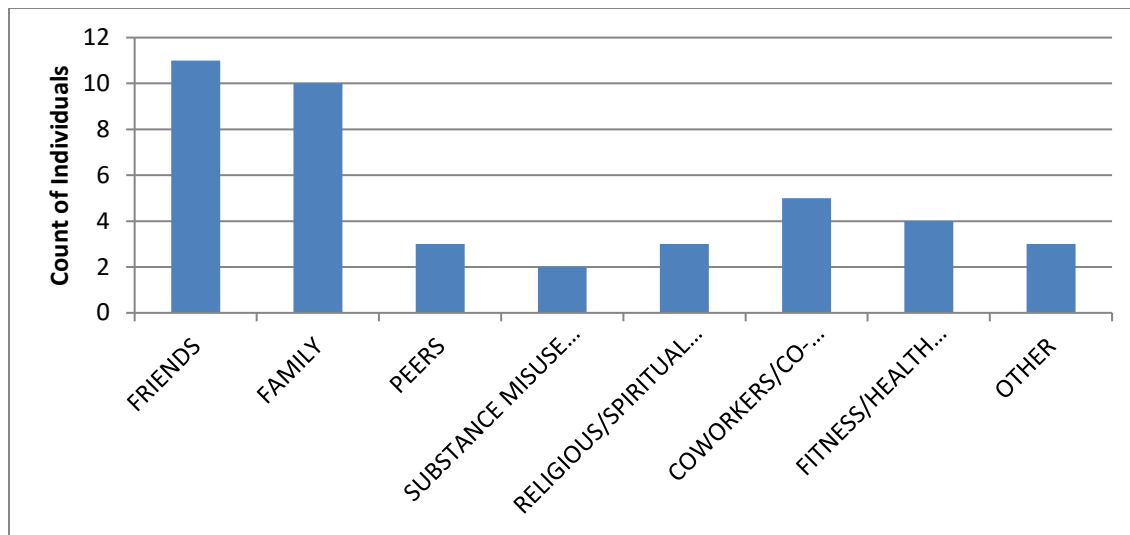
Twenty-one individuals were scored for Quality Indicator 12. WCBH received a score of 83%. Quality Indicator 12 consists of Measures 12a-12m. Sixteen individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Individuals were scored as follows:

	YES	NO
<b>Measure 12a:</b> Individual is competitively employed	8	13
<b>Measure 12b:</b> Individual lives in an independent residence	19	2
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	5	0
<b>Measure 12d:</b> Individual is integrated in his/her community	14	7
<b>Measure 12e:</b> Individual has choice in housing	12	9
<b>Measure 12f:</b> Individual has choice in his/her treatment planning, goals and services	21	0
<b>Measure 12g:</b> Individual has the ability to manage his/her own schedule/time	20	1
<b>Measure 12h:</b> Individual spends time with peers and /or family	20	1
<b>Measure 12i:</b> Individual feels supported by those around him/her	17	4
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	17	4
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	2
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	21	0
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	20	1

### **Additional Results**

- For Measure 12d, seven individuals responded they do not feel they are part of their community (CII Q102). Staff responded that 19 out of 21 individuals were integrated into their community (SII Q64). Twenty of 21 individuals were able to identify at least one natural support with whom they spend time; family and friends being the most frequently mentioned supports (CII Q96) (see Figure 5).

**Figure 5: Identified Natural Supports**



- Six individuals did not feel that they had an adequate support system (CII Q99) and three of those felt that the CMHC was helping them to improve their support systems (CII Q100). These individuals identified WCBH providing help in areas such as having social support needs and goals on a treatment plan and by bringing an individual to the local peer support agency, Stepping Stones (CII Q101).
- When asked if they had anything additional to share regarding their support systems, some individuals reiterated that they had friends, family, etc. as supports and/or that they recognized that they needed more help in this area. One individual thoughtfully shared, “support system is something I need to learn more about getting. I started out not being able to ask for anything I want in my life. It’s just now that I’m realizing that I can ask for more” (CII Q110).
- Eight individuals were competitively employed (CII Q48), and four of those eight identified spending time with people from work to support their recovery (CII Q96).
- Overall, two individuals reviewed were observed to need additional services to support him/her achieving increased independence and integration into the community (OCR Q7). One individual spends considerable time in hospital settings due to medical issues and needs more focused home and community-based services to facilitate community integration. Another individual is required to be highly supervised which makes integration a challenge (OCR Q8).

- Overall, zero individual reviewed were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, one individual reviewed was observed to not be receiving the services necessary to live in the most integrated setting (OCR Q13). The individual has some cognitive challenges impacting mental health and his/her ability to live independently. Some additional services would help support this, and a referral had recently been made (SII Q14). Nineteen individuals interviewed were living in independent residences (CII Q27, SII Q21).

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness<sup>3</sup>. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

### **Quality Indicator 13: Adequacy of Crisis Assessment**

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

Seven individuals were scored for Quality Indicator 13. WCBH received a score of 61%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 21 individuals interviewed, 14 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services

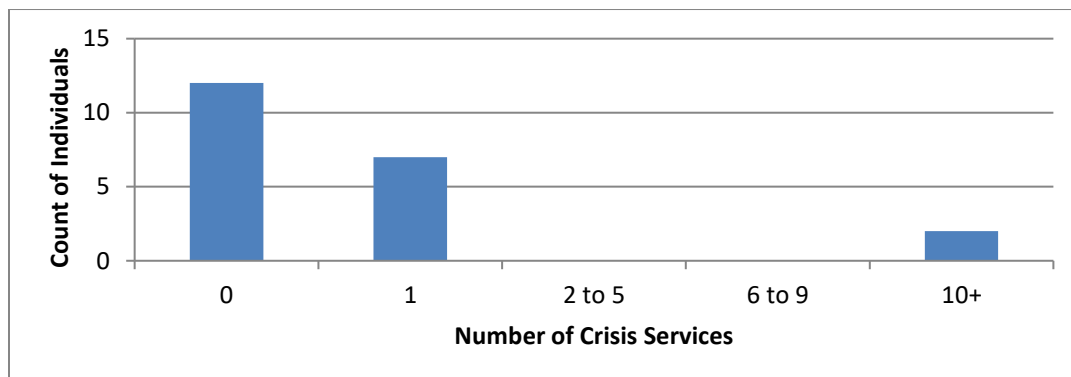
within the period under review was not endorsed by the client *and* the clinical record. Individuals were scored as follows:

	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	5	2
<b>Measure 13b:</b> Risk was assessed during crisis assessment	5	2
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	2	5
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	5	2

### **Additional Results**

- Two individuals had received 10 or more crisis services in the period under review (CRR Q56) (see Figure 6).

**Figure 6:** Crisis Services Received by all Individuals in Period Under Review



- Documentation of risk and identification of coping skills were present in five of seven crisis notes. Documentation of an individual's protective factors was lacking in five of the seven clinical records (CRR Q59).
- Four of seven individuals responded that WCBH staff helped them manage while experiencing a crisis. Help included providing the individual with strategies to try to manage their crises (CII Q70).

### **Quality Indicator 14: Appropriateness of Crisis Plans**

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Twenty-one individuals were scored for Quality Indicator 14. WCBH received a score of 90%.

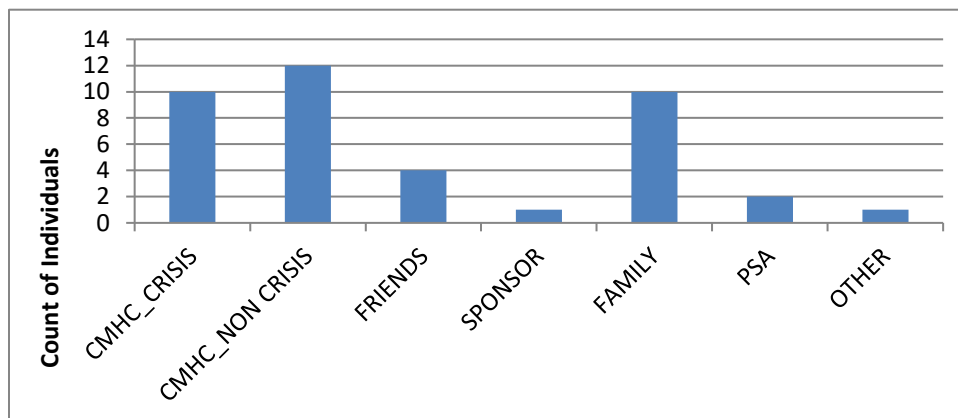
Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	21	0
<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	17	4

### **Additional Results**

- All individuals had crisis plans in their clinical records that were specific to the individual (CRR Q53, CRR Q54).
- The most common response made by individuals regarding who they would call if having a mental health crisis was non-crisis CMHC staff, followed by CMHC crisis/emergency staff and family (CII Q65). The individuals were asked an opened ended question and their responses were coded using the following categories (see Figure 7).

**Figure 7: Who the Individual Would Call if Having a Mental Health Crisis**



### Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Five individuals were scored for Quality Indicator 15. WCBH received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 21 individuals interviewed, 16 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff *and* the clinical record. Specifically, nine clinical records had documentation of crisis services being provided. Eleven individuals endorsed receiving crisis services, although those four were not the same nine crisis episodes identified in the clinical records. Eight staff endorsed individuals having received crisis services. When documentation and endorsements were analyzed for the CII, SII, and CRR, five individuals could be scored. Some of the additional results included below include data from individuals who were not scored for this indicator in order to provide the CMHC will more helpful information. As WCBH does not have a mobile crisis team, all individuals were considered not applicable for Measure 15d. Individuals were scored as follows:

	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	4	1
<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	3	2
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable	3	2
<b>Measure 15d:</b> Crisis interventions occur at site of the crisis (if applicable)	0	0

<b>Measure 15e:</b> Individual was assisted to return to his/her pre-crisis level of functioning	5	0
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### **Additional Results**

- Individuals were asked how staff at the mental health center have helped them manage while experiencing a crisis (CII Q70). Responses included staff taking extra time to talk to them and offering suggestions and coping skills. Some responses were more specific to interventions such as DBT and the teaching of grounding skills and deep breathing. Individuals were also asked what would have been more helpful regarding the crisis services they received (CII Q76). Those responses included having someone give them more directions, someone to talk to at night, and staff having a better understanding of client medications and side effects.
- Crisis services were typically provided by WCBH emergency services staff, even for those receiving ACT (SII Q59).
- Eight of the eight staff who endorsed individuals having received crisis services responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the crisis services provider themselves (SII Q57). Of those eight, six staff received notification within 24 hours (SII Q57); and eight staff responded they received all of the information needed regarding the crisis (SII Q58).
- Of all 11 individuals who endorsed receiving crisis services during the period under review, nine responded they felt supported by staff (CII Q68, CII Q71).
- Of the nine clinical records reviewed for crisis services, seven of nine individuals remained in the home/community setting following their most recent crisis service (CRR Q59).
- Of the two individuals who had received 10 or more crisis services, both had experienced one inpatient psychiatric admissions during the period under review (CRR Q56, CRR Q68).
- Eight of 11 individuals responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q75).
- Eight of eight staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q60).



- When asked about the steps taken to manage a psychiatric crisis, some individuals cited taking steps that were similar to how they responded to questions regarding who they would call and what else they might do if they experienced a mental health crisis (CII Q65, CII Q66, CII Q69). Often times, however, individuals said they did not take any specific steps, they weren't sure, or they called emergency services.
- Individuals were asked if they had anything additional to share regarding crisis services at WCBH. Most had nothing to add or generally felt that WCBH did a good job. Those that had more to share had both positive and some more constructive aspects of the crisis services to share. On the positive, one individual shared that when he/she was really sick, staff came to her home to make sure she was using her electrical heaters safely, which was helpful. More constructively, one individual shared that he/she did not feel staff recognized his/her crisis as serious. Another individual felt judged because he/she had tried drugs. Another felt they were amazing "overall" but he/she wished "they could have asked [him/her] if there was some place safe [he/she] could stay instead of going to the hospital" (CII Q81).

## **ACT SERVICES AND SUPPORTS**

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Direct comparisons between the ACT and non-ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

### **Quality Indicator 16: Adequacy of ACT Screening**

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Twenty-one individuals were scored for Quality Indicator 16. WCBH received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
<b>Measure 16a:</b> ACT screening was completed	21	0
<b>Measure 16b:</b> Individual receives ACT services when appropriate	21	0

### **Additional Results**

- The majority of staff indicated sufficient knowledge regarding ACT criteria and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q11, SII Q13). Some did not know the specifics, beyond knowing that the client had a “major mental illness”.
- There were zero individuals who met ACT criteria who were not on ACT (SII Q12, SII Q14).

### **Quality Indicator 17: Implementation of ACT Services**

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual’s ACT team collaborates with community providers. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services.

For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Eleven individuals were scored for Quality Indicator 17. CMHC received a score of 61%.

Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 21 individuals interviewed, 10 individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are delivered at appropriate intensity, frequency, and duration	4	7
<b>Measure 17b:</b> ACT services are provided using a team approach	8	3
<b>Measure 17c:</b> ACT services are provided in the home/community	6	5
<b>Measure 17d:</b> ACT team collaborates with community providers	9	2

### **Additional Results**

Data gathered from the clinical records regarding ACT services was gathered for each individual based on an average of the four complete weeks preceding the QSR review, not including the most recent week. Data from this QSR regarding the ACT services provided to 11 individuals indicates the following:

- Seven individuals had an average minimum of two hours of face-to-face contact with their ACT Team during each of the four complete weeks prior to the QSR (CRR Q63).
- Four individuals had an average of four or more face-to-face contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR (CRR Q64).
- Eight individuals responded they received “all” the ACT services they needed from their ACT Team, three individuals responded that they “somewhat” received all the ACT services they needed from their ACT Team, and zero individuals responded that they did not receive all the services they needed from their ACT Team (CII Q21).
- All individuals responded they saw their ACT staff as often as they felt was needed (CII Q25).

- Ten individuals had face-to-face contact with an average of two or more different ACT Team staff during each of the four complete weeks prior to the QSR (CRR Q62).
- Both WCBH ACT Teams had greater than 70% of their ACT positions filled (CRR Q66). Lebanon did not have a peer specialist and substance abuse specialist.
- Six individuals had 80% or more of their ACT services provided in the community (CRR Q65). Of note, there were several individuals participating in therapeutic groups at WCBH, which may account for much of the other 20 percent. Individuals and staff reported that most services were provided in the community setting (CII Q23, SII Q18).
- Staff endorsed that they had collaborated with community providers on behalf of nine of the 11 individuals (SII Q19). Staff identified collaborating with a variety of providers and community agencies, including hospitals, DHHS, social security, fuel assistance, medical providers, and others.
- West Central Behavioral Health underwent an Assertive Community Treatment (ACT) Fidelity review between January 10<sup>th</sup> and 11<sup>th</sup>, 2018. Out of a possible 140 total score, WCBH scored a 95 which brings them to the Fair Implementation category range of a score between 85-112. Quality improvement plans are developed for all items scoring a 3 or less, and WCBH has a total of 14 items in this score range.

WCBH has two ACT teams that were reviewed and as an agency they scored a 5 on the following item: small caseload, explicit admission criteria, full responsibility for treatment services, and assertive engagement mechanisms. As an agency, the items that WCBH scored the lowest on were co-occurring disorders treatment groups, this being a 1. Items in which they received a score of were substance abuse specialist on team, vocational specialist on team, program size, responsibility for crisis services, responsibility for hospital admissions, and individualized substance abuse treatment.

Currently, the Lebanon team is focusing their quality improvement plan on the following: vocational specialist on team, frequency of contact, and role of consumer on team. The Claremont team is focusing their quality improvement plan on the following: intake rate, responsibility for hospital admissions, and co-occurring disorder treatment group.

## TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

### Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Five individuals were scored for Quality Indicator 18. WCBH received a score of 89%. Quality Indicator 18 consists of Measures 18a-18g. Of the 21 individuals interviewed, five individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	4	1
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	4	1
<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	5	0
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	4	1
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	5	0
<b>Measure 18f:</b> Absence of 90 day readmission to an inpatient psychiatric facility	4	1
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	5	0

### **Additional Results**

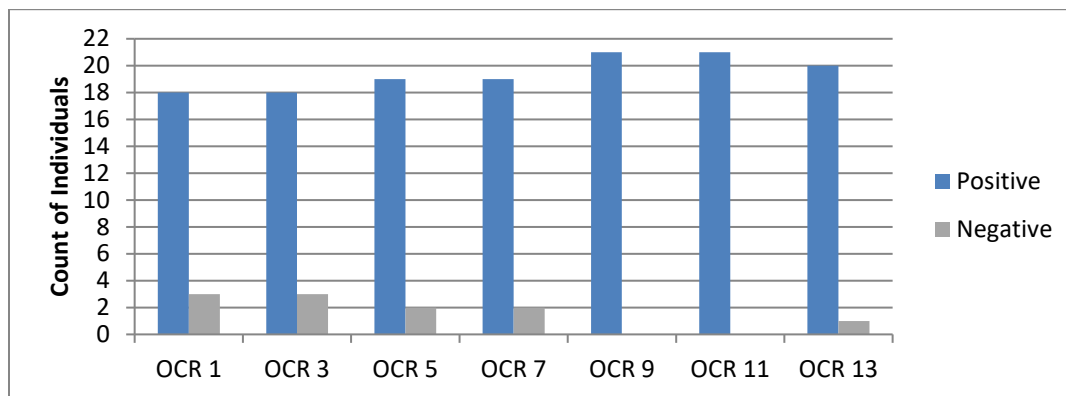
- Seven inpatient admissions occurred during the period under review. Of the five individuals who had a psychiatric admission during the past 12 months, one individual had three distinct admissions, and four individuals had one distinct admission (CRR Q68).
- All seven admissions were at New Hampshire Hospital (CRR Q69).
- One of the five individuals talked with a community provider about services prior to discharge (CII Q82).
- One of the five individuals felt that returning home after their discharge significantly disrupted their normal routine (CII Q91 and CII Q93). This individual reported that being admitted into a psychiatric hospital as a result resulted in loss of job and going into debt (CII Q91, SII Q78).
- One individual had a readmission within 90 days (CRR Q69).
- Overall, all individuals reviewed were observed to be receiving services and supports to assist with avoiding harms and decreasing the incidence of unnecessary hospital contacts (OCR Q11).

### **Overall Client Review**

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction and if they have anything additional to add to their interview responses (CII Q111, CII Q112).

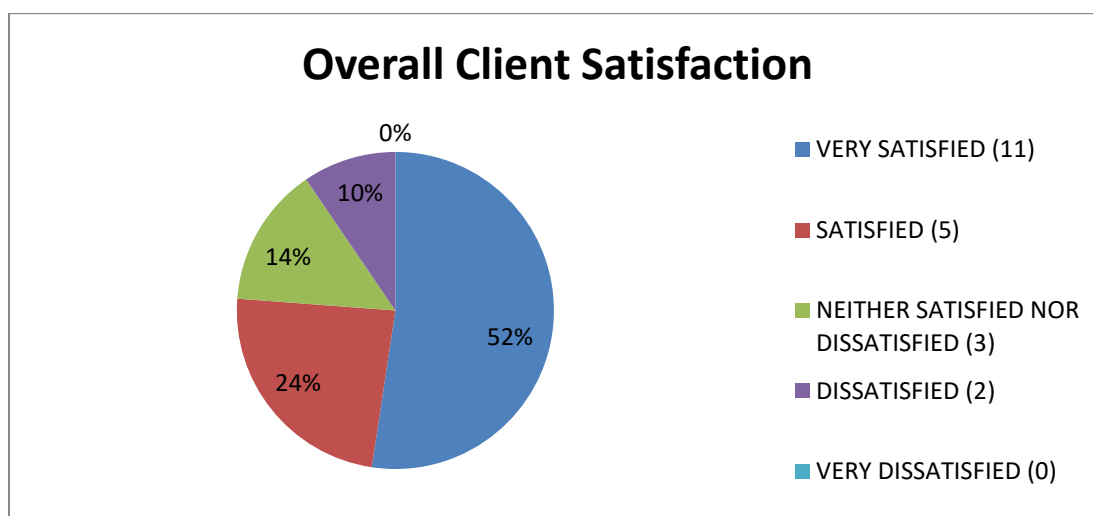
Of the 21 individuals reviewed, four did not achieve one or more of the OCR outcomes (see Figure 8). Of the four individuals not achieving an OCR outcome, two individuals were receiving ACT services and two were not.

**Figure 8: Overall Client Review Results**



The majority of individuals were very satisfied (11) or satisfied (5) with the services they were receiving (CII Q111) (see Figure 9).

**Figure 9 Overall Client Satisfaction**



Some of the additional comments/opinions provided by individuals are summarized below (CII Q112):

- ACT appointments are too frequent.
- Frustration with spend down process and lack of Medicaid transportation.
- Issues with check-in process at appointment leading to missed time with provider.
- WCBH is one of “better mental health centers available.”
- WCHC helped with gaining structure in life when client needed it most.
- Individuals being thankful for WCBH being part of their life and “saving” their life.

## **WCBH STAFF FEEDBACK SECTION**

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health system in the State of New Hampshire (SII Q87, SII Q88, SII Q89).

Regarding barriers, challenges, and gaps staff face at WCBH (SII Q87), a common theme was large caseloads and staffing issues, resulting in shifting of clients between staff. Also mentioned were:

- Challenges due to geographical location; being more isolated and rural resulting in fewer resources for clients in the community as well as transportation challenges to get to resources.
- Challenges related to learning how to navigate another new electronic medical record system along with learning a new assessment tool (DLA-20).
- Generally having an abundance of paperwork to complete.
- Not having enough time to provide clients with the services they need.
- Challenges faces with various insurance requirements and allowance for particular services under particular insurance plans that impeded clients getting the services they needed when they needed them.

Regarding what is working well at WCBH and the services provided to individuals, there was an obvious theme of staff feeling supported by their teammates. Almost every staff mentioned something related to the support, the good communication, and/or the compassion amongst the WCBH staff. Several staff also mentioned their satisfaction with the psychiatrist(s) on staff (SII Q88).

When asked more generally about the mental health service delivery in New Hampshire, the issue of staffing across the state and the lack of funding came up numerous times. Several staff also mentioned the ongoing challenge regarding access to hospitalization when a client needs that level of care (SII Q89).



## ***VI. CMHA Substantive Provisions***

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the WCBH's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

### **1. Crisis Services Outcomes**

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** WCBH met this provision as evidenced by Measure 15e where five out of five individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** WCBH met this provision as evidenced by a score of 86% for the Crisis domain and OCR Q11 where 21 of 21 individuals reviewed were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

### **2. ACT Outcomes**

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
  - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
  - ii. **Conclusion:** WCBH did not meet this provision as evidenced by a score of 61% for Quality Indicator 17: Implementation of ACT Services. The other data points relevant to this provision are as follows:

1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services received an average score of 74%.
  2. Nine of 11 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
  3. Nine of 11 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  4. Ten of 11 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** WCBH met this provision as evidenced by the following:
    1. Those receiving ACT services had a total average score of 88% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
    2. Ten of the 11 individuals receiving ACT services received adequate services that provide reasonable opportunities to support

the individual to achieve increased independence and integration in the community (OCR Q7).

3. Eleven of the 11 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
4. Eleven of the 11 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.

- i. **Conclusion:** WCBH met this provision as evidenced by an average score of 86% for the Crisis domain for individuals receiving ACT services.

### 3. Supported Housing Outcomes

a. **Provision V.E.1** - Supported housing meets individuals' needs.

- i. **Conclusion:** WCBH met this provision as evidenced by a score of 86% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 90% for Quality Indicator 6: Adequate Individual Housing Service Delivery.

b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.

- i. **Conclusion:** WCBH met this provision as evidenced by a score of 87% for the Housing domain and OCR Q9, whereas 21 of the 21 individuals reviewed received services adequate to obtain and maintain stable housing (OCR Q9).

### 4. Supported Employment Outcomes

a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.

- i. **Conclusion:** WCBH did not meet this provision as evidenced by the finding of “Fair Fidelity” by the Supported Employment Fidelity Review conducted in May 2018. WCBH underwent a Supported Employment

Fidelity review during May 15<sup>th</sup> and 16<sup>th</sup>, 2018. Out of a possible total score of 125, WCBH scored an 80, which brings them to the Fair Fidelity category range of a score between 74-99. Quality improvement plans are developed for all items scoring a 3 or less, and WCBH has a total of 14 items in this score range. Items in which WCBH obtained a 5 score on include employment services staff and collaboration between employment specialist and vocation rehab. WCBH's lowest scoring items in which they received a score of a 1 include job development- frequent employer contact, job development quality employer contact, and assertive engagement and outreach by integrated team. Currently, WCBH is focusing their quality improvement plan on the following items: integration of rehab with mental health treatment through frequent contact, agency focus on competitive employment, and disclosures.

- b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
  - i. **Conclusion:** WCBH met this provision as evidenced by a score of 95% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

## 5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
  - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region II.
    - 1. Within Region II, NAMI NH has two Family Peer Support Groups for those with an adult loved one living with mental illness – one in Lebanon (NAMI Upper Valley Affiliate) and one in Claremont. The NAMI Upper Valley Affiliate is well established with

approximately 200 members; the Claremont Support Group is newer and has a smaller member base. Both groups meet monthly, with an average attendance of 18 in Lebanon (Upper Valley) and 8 in Claremont. NAMI NH has a Connection Peer Support Group for consumers which meets monthly in Lebanon with an average meeting attendance of 8 individuals. In addition, there is a NAMI NH Survivor of Suicide Loss (SOSL) Support Group in Claremont that meets monthly with about 6-10 attendees at each meeting.

2. NAMI NH offers two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 361 members, of whom 97 were new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 499 members, of whom 144 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region II.
3. In addition to the support groups, NAMI NH provided 1:1 (one-on-one) support to a total of 10 Region II families last year: 1 family with an adult loved one living with mental illness, 9 families with children with serious emotional disturbance, and 1 survivor of suicide loss. NAMI NH also responded to 18 Information & Resource (I & R) contacts from area residents in the previous year – 14 related to adults with mental illness, 2 related to children with SED and 2 related to survivors of suicide loss. It is important to note that the regional numbers only reflect I & R contacts where the contact provided their address. Statewide, NAMI NH provided 1:1 support to a total of 455 families, and responded to 1,014 individual I & R contacts in FY 2018. It should also be noted that NAMI NH staff provided a total of 71 hours of individual support to survivors of suicide loss statewide in FY 2018.

4. During the last fiscal year, NAMI NH offered its Family-to-Family signature program (delivered in 12 sessions) in Newport to a total of 17 participants. In addition, NAMI NH offered its Parents Meeting the Challenge education program (delivered in 8 sessions) for parents/caregivers of children/youth with serious emotional disturbance in Claremont to a total of 7 participants. NAMI NH also offered two modules of its Side-by-Side education program for caregivers of older adults with behavioral health issues in Lebanon with 14 and 15 participants in each session.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

- i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services Stepping Stone and Next Step provided in Region II.

1. Stepping Stone and Next Step the peer support agencies serving the WCBH catchment area with offices located in Claremont and Lebanon
2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, warmline services, wellness and recovery action plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. The agency has a two-bed crisis respite program located in Claremont, NH.
3. In 2018, Stepping Stone and Next Step offered the following educational events:

- i. Sexual Harassment

- ii. Member rights
  - iii. Moving towards
  - iv. Mutuality
  - v. Worldview
  - vi. NAMI conference
  - vii. NH PSA conference
  - viii. Warm-line operations
  - ix. What is peer respite?
  - x. Diabetes
  - xi. Voting
  - xii. New member policies
  - xiii. First Aid
  - xiv. Disability Rights Center
4. For FY 2018, various Stepping Stone/Next Step staff were trained in Intentional Peer Support, Wellness Recovery Action Planning, and crisis respite.
  5. For the fourth quarter in FY 2018, Stepping Stone had 342 members between its location in Claremont with an average daily visits rate of 12 members. Face-to-face outreach served an additional 11 members. Stepping Stone served 2 individuals in peer respite, made 928 calls to provide peer support outreach and received 1055 calls for peer support. Next Step had 86 members at its location in Lebanon with an average daily attendance of 6. Next Step made 175 calls for peer support outreach and received 194 calls for peer support.
  6. Four of the 21 individuals interviewed for this QSR review stated they had utilized a peer support agency in the past 12 months. (CII Q108).

## **7. Community Integration Outcome**

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
  - i. Compliance with Provision IV.B. and VII.A is based on Measure 7a, Measure 3b, Quality Indicator 12: Individual is Integrated into his/her

Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** WCBH met this provision as evidenced by:

1. The average of individuals who scored “Yes” for Measure 3b ( 17 of 21 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (18 of 21 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 84%.
2. For Quality Indicator 12, WCBH scored 83%.
3. Nineteen of the 21 individuals reviewed received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
4. Twenty-one of the 21 individuals reviewed received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. Twenty of the 21 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

**8. Health, Safety and Welfare Outcome**

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.

- i. **Conclusion:** WCBH met this provision as evidenced by an average score of 84% for the seven domains and OCR Q5, with 19 of 21 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

**9. Obtain and Maintain Stable Housing Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.



- i. **Conclusion:** WCBH met this provision as evidenced by a score of 87% for the Housing domain.

## **10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q72), the Crisis domain, and OCR Q11.
  - ii. **Conclusion:** WCBH met this provision as evidenced by:
    1. Of the five individuals who experienced an inpatient psychiatric admission (CRR Q69), one individual was re-hospitalized within 90 days (CRR Q69).
    2. For the Crisis domain WCBH received a score of 86%.
    3. Twenty-one of the 21 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

## ***VII. Areas in Need of Improvement***

WCBH scored above the 75% threshold for 14 of the 18 quality indicators. Based on the QSR review data, the following four quality indicators scored below the 75% threshold and are identified for incremental improvement over the next year:

1. *Increase the percentage of individuals with adequate assessments (Quality Indicator 1).*
2. *Increase the percentage of individuals receiving adequate employment assessments/screenings (Quality Indicator 8).*
3. *Increase the percentage of individuals with adequate crisis assessments (Quality Indicator 13).*
4. *Increase the implementation of adequate ACT services (Quality Indicator 17).*

For additional information and data related to these areas in need of improvement, please reference Section V. “WEST CENTRAL BEHAVIORAL HEALTH QSR Findings” and the “Additional Results” listed under the respective quality indicator.

### ***VIII. Next Steps***

Within 30 calendar days of receipt of this final report, WCBH is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the BQAI Program Planning and Review Specialist.

### ***IX. Addendum***

West Central Behavioral Health had an opportunity to review the QSR initial report during a 15-day review period and submit information for DHHS’ consideration prior to the final report being issued. WCBH submitted a written response in which they sought additional clarifications on data pertaining to Quality Indicator 8 and Quality Indicator 13, which DHHS will be providing to them along with technical assistance during WCBH’s QIP development process. WCBH also submitted a correction to the 2<sup>nd</sup> bullet on page 37. The initial report stated that Claremont did not have an assigned psychiatrist/APRN for the Claremont ACT Team. This information was based upon a staffing report that WCBH had provided to DHHS that inadvertently omitted the name of the assigned psychiatrist/APRN for this team. Upon requesting further clarification from WCBH, the 2<sup>nd</sup> bullet on page 37 was corrected and the text related to the lack of an assigned psychiatrist/APRN for the Claremont ACT Team was removed. This edit had no impact on findings in this area.

## ***References***

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1. SAMHSA, Person- and Family-Centered Care and Peer Support, (2017, January 20)  
retrieved from <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>
2. 28 C.F.R., Part 35, Section 130 and Appendix A
3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,  
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “ Natural Supports”,  
[http://tucollaborative.org/pdfs/Toolkits\\_Monographs\\_Guidebooks/relationships\\_family\\_friends\\_intimacy/Natural\\_Supports.pdf](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf)

## ***Appendices***

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### **Appendix 1: List of CMHC QSR Instruments**

#### **1. Client Profile-CMHC**

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know what will help make the interview successful.

#### **2. Client Profile-DHHS**

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

#### **3. CMHC Profile**

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

#### **4. Clinical Record Review (CRR)**

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

7. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the individual.

## Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a									1b			1c				1d						
			Adequacy of Assessment	Assessments identify individual's needs and preferences									Assessments identify individual's strengths				Assessment information was gathered through face to face appointment(s )		Assessments and TX plans have adequately identified service needs							
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1	YES=	
			NonACT= 75%																						5	No=
			ACT= 83%																							

### Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs
1b	Assessments identify individual's strengths
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Assessments and treatment plans have adequately identified service needs, and no further services are needed
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- |    |   |
|----|---|
| 7  | Effectiveness of the housing services provided (CMHA VII.A)                                       |
| 7a | Housing Supports and services enable individual to meet/progress towards identified housing goals |
| 7b | Housing supports and services enable individual to maintain safe housing                          |
| 7c | Housing supports and services enable individual to maintain stable housing                        |
| 7d | Housing supports and services enable individual to be involved in selecting their housing         |
| 7e | OCR Q9 Services are adequate to obtain and maintain stable housing                                |

#### EMPLOYMENT SERVICES AND SUPPORTS

- |     |  |
|-----|--|
| 8   | Adequacy of employment assessment/screening (CMHA VII.D.1)   |
| 8a  | Individual employment needs are adequately identified  |
| 8b  | Individuals received a comprehensive assessment of employment needs and preferences when applicable.                                     |
| 9   | Appropriateness of employment treatment planning (CMHA V.F.1)  |
| 9a  | Treatment plans are appropriately customized to meet the individual's employment needs and goals   |
| 10  | Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)   |
| 10a | Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs |
| 10b | Employment Services and supports are meeting individual's goals  |

#### COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- |     |   |
|-----|---|
| 11  | Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)   |
| 11a | Assessment identifies individuals' related needs and preferences  |
| 11b | Assessment identifies individuals' related strengths  |
| 12  | Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4) |
| 12a | Individual is competitively employed  |
| 12b | Individual lives in an independent residence  |
| 12c | Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility                                  |
| 12d | Individual is integrated in his/her community   |
| 12e | Individual has choice in housing  |
| 12f | Individual has choice in their treatment planning, goals and services   |
| 12g | Individual has the ability to manage his/her own schedule/time  |
| 12h | Individual spends time with peers and/or family   |



12i	Individual feels supported by those around him/her
12j	Efforts have been made to strengthen social supports if needed
12k	OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
12k	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
12k	OCR Q13 Services are adequate to live in the most integrated setting
CRISIS SERVICES AND SUPPORTS	
13	Adequacy of crisis assessment (CMHA V.C.1)
13a	Crisis assessment was timely
13b	Risk was assessed during crisis assessment
13c	Protective factors were assessed during crisis assessment
13d	Coping skills/interventions were identified during crisis assessment
14	Appropriateness of crisis plans
14a	Individual has a crisis plan that is person centered
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
15a	Communication with treatment providers during crisis episode was adequate
15b	Communication with individual during crisis episode was adequate
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable
15d	Crisis interventions occur at site of the crisis (if applicable)
15e	Individual is assisted to return to his/her pre-crisis level of functioning
ACT SERVICES AND SUPPORTS	
16	Adequacy of ACT screening (CMHA VII.D.1)
16a	ACT screening was completed
16b	Individual receives ACT services when appropriate
17	Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
17a	ACT services are delivered at appropriate intensity, frequency, and duration
17b	ACT services are provided using a team approach
17c	ACT services are provided in the home/community
17d	ACT team collaborates with community providers
IPA TRANSITION/DISCHARGE	

18	Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
18a	Individual was involved in the inpatient psychiatric facility discharge planning process
18b	There was In-reach by the community mental health center and the inpatient psychiatric facility and/or individual
18c	Individual returned to appropriate housing following inpatient psychiatric discharge
18d	Service provision following inpatient psychiatric discharge has the outcome of increased community integration
18e	Coordination of care was adequate during inpatient psychiatric admission/discharge
18f	Absence of 90 day readmission to an inpatient psychiatric facility
18g	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

#### **Appendix 4: WCBH Agency Overview**

West Central Behavioral Health (WCBH), established in 1977, is a nonprofit, community-based, mental health organization serving the needs of children, adults and families. WCBH is approved from September 1, 2018 through August 31, 2023 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. WCBH is designated as a CMHP for Region II, which encompasses 24 cities and towns across lower Grafton and Sullivan Counties.

WCBH has offices located in Claremont and Lebanon that provide services to eligible adults with a severe mental illness (SMI) or a severe and persistent mental illness (SPMI).

WCBH provides a comprehensive array of mental health and substance use services to older adult, adults, children, and families. These include Dialectical Behavioral Therapy, Cognitive Restructuring for PTSD, Illness Management and Recovery, InSHAPE, Seeking Safety group related to trauma and substance abuse, and Common Ground, a peer support evidence-based approach to shared decision making regarding the use of medication and other wellness strategies in the recovery process. A new substance abuse treatment center opened in Claremont.

WCBH provides residential and subsidized housing to individuals. Arbor View Group Home located in Newport, is a 16 bed, 24-hour staffed residential facility for adults with SMI/SPMI. Case management, functional support services, and partial hospitalization services are provided seven days a week. WCBH also has a 5-unit apartment building in Claremont for SMI/SPMI adults. Three units are subsidized through section 8 NH Housing.

Three hospitals are located within the WCBH catchment area. Dartmouth Hitchcock Medical Center in Lebanon has a 21-bed inpatient unit and their own hospital staff to provide psychiatric assessments in the emergency department. Alice Peck Day Hospital in Lebanon use their own staff to provide psychiatric assessments in the emergency department. WCBH's Medical Director has privileges at the hospital to provide psychiatric consultations for specific clients on in-patient medical units. Valley Regional Hospital in Claremont contracts with WCBH to provide 24 /7 coverage of their patients presenting in the emergency department, and for WCBH clients requiring mental health consultation on medical Units. In addition, WCBH's Medical Director has privileges to provide psychiatric consultations to specific clients on the in-patient medical unit.

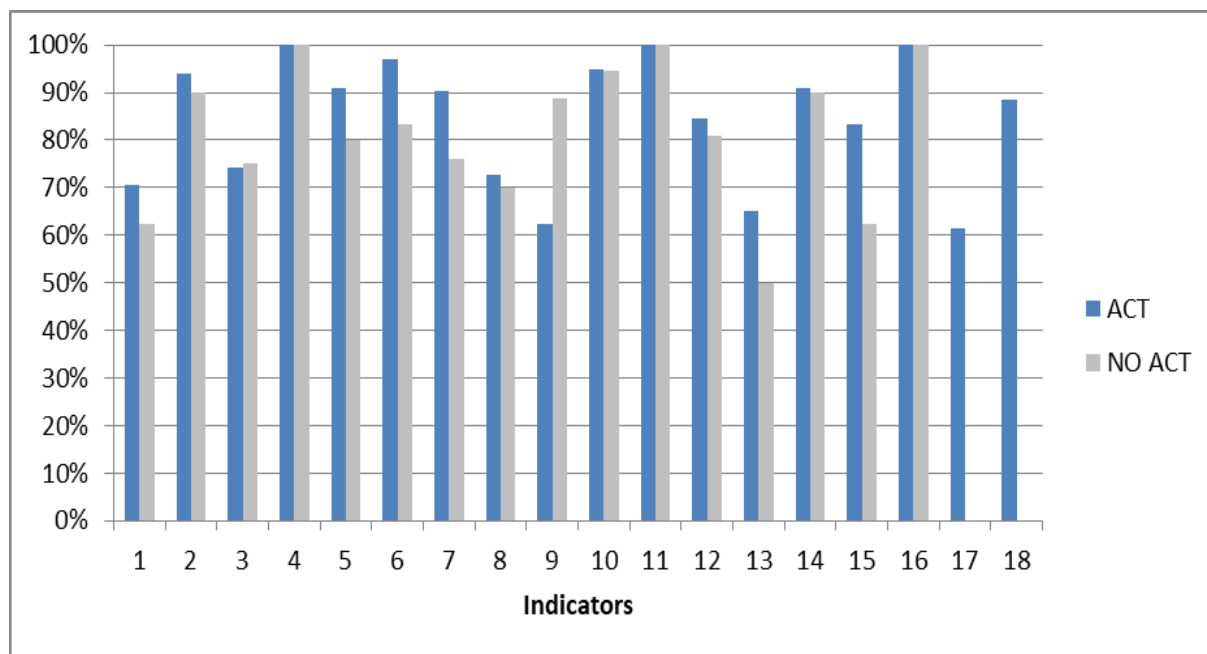
## Appendix 5: Year-to-Year Comparison\*

Indicator	2017	2018	Change
1. Adequacy of Assessment*	27%	67%	39%
2. Appropriateness of treatment planning*	86%	92%	6%
3. Adequacy of individual service delivery*	74%	75%	0%
4. Adequacy of Housing Assessment	95%	100%	5%
5. Appropriate of Housing Treatment Plan	100%	86%	-14%
6. Adequacy of individual housing service delivery*	80%	90%	11%
7. Effectiveness of Housing supports provided*	75%	84%	8%
8. Adequacy of employment assessment/screening	50%	71%	21%
9. Appropriateness of employment treatment planning	80%	76%	-4%
10. Adequacy of individual employment service delivery	68%	95%	27%
11. Adequacy of Assessment of social and community integration needs	48%	100%	52%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports*	73%	83%	10%
13. Adequacy of Crisis Assessment	77%	61%	-17%
14. Appropriateness of crisis plans	84%	90%	6%
15. Comprehensive and effective crisis service delivery	72%	75%	3%
16. Adequacy of ACT Screening	86%	100%	14%
17. Implementation of ACT Services	58%	61%	3%
18. Successful transition/discharge from the inpatient psychiatric facility*	71%	89%	18%

\*The results contained in this report are not wholly comparable to those in the prior year's QSR report for Quality Indicators 1, 2, 3, 6, 7, 12, and 18. This year's QSR report contains additional measures specific to Overall Client Review data for those Quality Indicators. Those additional measures are identified as OCR Q1 through OCR Q11(see Appendix 3, CMHC Abbreviated Master Instrument).

## Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N		ACT	ACT N	NO ACT	NO ACT N	Difference:
1	21	Adequacy of Assessment	70%	11	63%	10	8%
2	21	Appropriateness of treatment planning	94%	11	90%	10	4%
3	21	Adequacy of individual service delivery	74%	11	75%	10	-1%
4	21	Adequacy of Housing Assessment	100%	11	100%	10	0%
5	21	Appropriate of Housing Treatment Plan	91%	11	80%	10	11%
6	21	Adequacy of individual housing service delivery	97%	11	83%	10	14%
7	21	Effectiveness of Housing supports provided	90%	11	76%	10	14%
8	21	Adequacy of employment assessment/screening	73%	11	70%	10	3%
9	17	Appropriateness of employment treatment planning	63%	8	89%	9	-26%
10	19	Adequacy of individual employment service delivery	95%	10	94%	9	1%
11	21	Adequacy of Assessment of social and community integration needs	100%	11	100%	10	0%
12	21	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	84%	11	81%	10	4%
13	7	Adequacy of Crisis Assessment	65%	5	50%	2	15%
14	21	Appropriateness of crisis plans	91%	11	90%	10	1%
15	5	Comprehensive and effective crisis service delivery	83%	3	63%	2	21%
16	21	Adequacy of ACT Screening	100%	11	100%	10	0%
17	11	Implementation of ACT Services	61%	11	N/A	0	N/A
18	5	Successful transition/discharge from the inpatient psychiatric facility	89%	5	#DIV/0!	0	#DIV/0!



## Appendix 7: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1	Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q3
OCR Q2	What is not consistent with the individual's demonstrated need?
	<input type="text"/>
OCR Q3	Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No?
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q5
OCR Q4	What additional services are needed?
	<input type="text"/>
OCR Q5	Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q7
OCR Q6	What additional services are needed?
	<input type="text"/>
OCR Q7	Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q9
OCR Q8	What additional services are needed?
	<input type="text"/>
OCR Q9	Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q11
OCR Q10	What additional services are needed?
	<input type="text"/>
OCR Q11	Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Q13
OCR Q12	What additional services are needed?
	<input type="text"/>
OCR Q13	Is the individual receiving adequate services to live in the most integrated setting?
	<input type="checkbox"/> YES <input type="checkbox"/> If YES, Skip to OCR Completion Tracking Chart
OCR Q14	What additional services are needed?
	<input type="text"/>